

Filing Fee \$50.00

(If amending ONLY Item FOURTH filing fee \$20.00)

**DOMESTIC
LIMITED PARTNERSHIP**

STATE OF MAINE

CERTIFICATE OF AMENDMENT

(Name of Limited Partnership)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §422](#), the undersigned limited partnership executes and delivers for filing this certificate of amendment:

FIRST: The name of the limited partnership has been changed to (if no change, so indicate)

(The name must contain one of the following: "Limited Partnership", "L.P." or "LP"; 31 MRSA §403-A. and 31 MRSA §524.1.B.)

SECOND: The name and business, residence or mailing address of each **new** general partner is (if no change, so indicate):

Name

Address

☐ Names and addresses of additional new general partners are attached as Exhibit ____, and made a part hereof.

THIRD: The name of each **withdrawing** general partner is (if no change, so indicate):

☐ Names of additional withdrawing general partners are attached hereto as Exhibit ____, and made a part hereof.

FOURTH: If the business, residence or mailing address of any general partner has changed, the new address is (if no change, so indicate):

Name

New Address

☐ Names and new addresses of general partners are attached hereto as Exhibit ____, and made a part hereof.

FIFTH: Other amendments to the certificate, if any, that the partners determine to adopt are set forth in Exhibit ____ attached hereto and made a part hereof.

DATED _____

General Partner(s)*

_____ (signature)	_____ (type or print name)
_____ (signature)	_____ (type or print name)
_____ (signature)	_____ (type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature) _____
(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature) _____
(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature) _____
(type or print name and capacity)

*Certificate **MUST** be signed by:

- (1) at least one **general partner AND**
- (2) each **new general partner OR**
- (3) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**